



Complete Summary

TITLE

Diabetes mellitus: percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing during one or more office visits within 12 months.

SOURCE(S)

American Podiatric Medical Association (APMA), American College of Foot and Ankle Surgeons, American College of Foot and Ankle Orthopedics and Medicine, Centers for Medicare and Medicaid Services. Diabetic foot and ankle care physician performance measurement set. Bethesda (MD): American Podiatric Medical Association, Inc.; 2007 Aug. 11 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing during one or more office visits within 12 months.

RATIONALE

Foot ulceration is the most common single precursor to lower extremity amputations among persons with diabetes. Shoe trauma, in concert with loss of protective sensation and concomitant foot deformity, is the leading event precipitating foot ulceration in persons with diabetes. Treatment of infected foot wounds accounts for up to one-quarter of all inpatient hospital admissions for

people with diabetes in the United States. Peripheral sensory neuropathy in the absence of perceived trauma is the primary factor leading to diabetic foot ulcerations. Approximately 45-60% of all diabetic ulcerations are purely neuropathic. In people with diabetes, 22.8% have foot problems -- such as amputations and numbness -- compared with 10% of nondiabetics. Over the age of 40 years old, 30% of people with diabetes have loss of sensation in their feet.

CLINICAL RECOMMENDATION STATEMENTS:

The multifactorial etiology of diabetic foot ulcers is evidenced by the numerous pathophysiologic pathways that can potentially lead to this disorder. Among these are two common mechanisms by which foot deformity and neuropathy may induce skin breakdown in persons with diabetes. The first mechanism of injury refers to prolonged low pressure over a bony prominence (i.e., bunion or hammertoe deformity). This generally causes wounds over the medial, lateral, and dorsal aspects of the forefoot and is associated with tight or ill-fitting shoes. The other common mechanism of ulceration involves prolonged repetitive moderate stress. This normally occurs on the sole of the foot and is related to prominent metatarsal heads, atrophied or anteriorly displaced fat pads, structural deformity of the lower extremity, and prolonged walking. (American College of Foot and Ankle Surgeons/American College of Foot and Ankle Orthopedics and Medicine [ACFAS/ACFAOM] Clinical Practice Guidelines)

PRIMARY CLINICAL COMPONENT

Diabetes mellitus; foot ulceration prevention; evaluation of proper footwear

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a diagnosis of diabetes mellitus (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who were evaluated for proper footwear and sizing at least once within 12 months (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians
Podiatrists

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients aged 18 years and older with a diagnosis of diabetes mellitus

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with a diagnosis of diabetes mellitus

Note: An International Classification of Diseases, Ninth Revision (ICD-9) diagnosis code to identify patients with a diagnosis of diabetes mellitus and a Current Procedural Terminology Evaluation and Management (CPT E/M) service code or a CPT procedure code are required for denominator inclusion. Refer to the original measure documentation for coding details.

Exclusions

Documented medical, patient or system reasons for exclusion. Refer to the original measure documentation for coding details.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS**Inclusions**

Patients who were evaluated* for proper footwear and sizing at least once within 12 months

Refer to original measure documentation for coding details.

*Evaluation for proper footwear includes a foot examination documenting the vascular, neurological, dermatological and structural/biomechanical findings. The foot should be measured using a standard measuring device and counseling on appropriate footwear should be based on risk categorization.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #POD 3: diabetic foot & ankle care, ulcer prevention - evaluation of footwear.

MEASURE COLLECTION

[Diabetic Foot and Ankle Care Physician Performance Measurement Set](#)

DEVELOPER

American Podiatric Medical Association

FUNDING SOURCE(S)

American Podiatric Medical Association

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Clinical Practice Advisory Committee of American Podiatric Medical Association (APMA) in conjunction with the American College of Foot and Ankle Surgeons (ACFAS) and the American College of Foot and Ankle Orthopedics and Medicine (ACFAOM) representing podiatric physicians from researchers, to teachers to practicing podiatrists

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

There were no potential conflicts of interest to report in the development of these measures.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Aug

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Podiatric Medical Association (APMA), American College of Foot and Ankle Surgeons, American College of Foot and Ankle Orthopedics and Medicine, Centers for Medicare and Medicaid Services. Diabetic foot and ankle care physician performance measurement set. Bethesda (MD): American Podiatric Medical Association, Inc.; 2007 Aug. 11 p.

MEASURE AVAILABILITY

The individual measure, "Measure #POD 3: Diabetic Foot & Ankle Care, Ulcer Prevention - Evaluation of Footwear," is published in the "Diabetic Foot and Ankle Care Physician Performance Measurement Set."

For more information, contact: American Podiatric Medical Association, 9312 Old Georgetown Road, Bethesda, MD 20814-1621; Phone: (301) 581-9200; Web site: www.apma.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on October 3, 2008. The information was verified by the measure developer on November 12, 2008.

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